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Bib Data Sheet

CONFIRMATION NO. 5814

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|--|---|----------------------------------|---|---------------------------------------|
| SERIAL NUMBER 09/940,930 | FILING DATE 08/28/2001 RULE | CLASS 604 | GROUP ART UNIT 3761 3765 | ATTORNEY DOCKET NO. SHC0140 |
| APPLICANTS Hisashi Takai, Kagawa-ken, JAPAN; Koichi Yamaki, Kagawa-ken, JAPAN; Miu Suzuki, Kagawa-ken, JAPAN; | | | | |
| ** CONTINUING DATA ***** <i>None</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>After age</i> JAPAN 2000-257639 08/28/2000 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2001 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i> | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 8 | TOTAL CLAIMS 10 |
| | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS 00832 | | | | |
| TITLE Disposable body fluid absorbent wearing article | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 8 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| ADDRESS Michael S. Gzybowski BUTZEL LONG 350 South Main Street Suite 300 Ann Arbor ,MI 48104 | | | | | |
| TITLE DISPOSABLE BODY FLUID ABSORBENT WEARING ARTICLE | | | | | |
| FILING FEE RECEIVED 1010 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |